

Monday - Friday 8:00 a.m. to 8:00 p.m. ET

www.troweprice529.com

T. Rowe Price College Savings Plan

T. Rowe Price College Savings Plan

1001 E 101st Terrace, Suite 200

1-866-521-1894

Regular mailing address:

Kansas City, MO 64121

Overnight mailing address:

Kansas City, MO 64131

PO Box 219124

Withdrawal Request Form

- For faster processing, you can request most withdrawals online or by phone.
- Use this form to request a full or partial Qualified Withdrawal, Nonqualified Withdrawal or Indirect Rollover from your T. Rowe Price College Savings Plan Account. You must submit a separate form for each withdrawal you are requesting. The earnings portion of Nonqualified Withdrawal from your Account may be subject to federal income tax and an additional 10% federal penalty tax and may be subject to state and local income taxes. State tax treatment of withdrawals, including for K-12, apprenticeship expenses, and Qualified Education Loan repayments, is determined by the state(s) where the taxpayer files state income tax. Please review the T. Rowe Price College Savings Plan Disclosure Document or consult with a tax professional.
- The Plan is required to file IRS Form 1099-Q when you take a withdrawal from your Account.
- A contribution must be invested with the Plan for a period of 5 business days prior to being distributed.
- A hold will be placed on the issuance of this withdrawal for 10 business days if
 the address on your account has recently changed, or for 15 calendar days if this withdrawal is being sent to a bank that has recently been
 added to your Account.
- A Medallion signature guarantee may be required. See **Section 6** below.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink.

Capitalized terms not otherwise defined on this form have the meanings set forth in the Plan Disclosure Document.

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Account Number	 Account	Owner Soci	ai Securit	y Number d	ır ıaxpay - —— —	er iden	tificati 	on Num	ber (K	equire _
Account Owner or Entity (First name) (Required)										
Account Owner or Entity (Last name) (Required)										
Telephone Number										
Telephone Number Beneficiary Information										
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Beneficiary Information										
Beneficiary Information										



3. Withdrawal Details (Choose only one of the following) (Required)

Important: Electronic payment by ACH is only available if you have already added bank information to your Account. It may take two to five business days for the proceeds of a withdrawal to transmit to your bank account. To establish bank services, please log in to your Account online or download the **Account Features Form** at **troweprice529.com**.

A	Withdrawal to the Account Owner (This will be the tax responsible party who will receive the IRS Form 1099-Q).						
	Withdrawal Type (Choose only one of the following options.)						
	Qualified for education expenses						
	Nonqualified						
В	Withdrawal to the designated Beneficiary (This will be the tax responsible party who will receive the IRS Form 1099-Q).						
	Withdrawal Type (Choose only one of the following options.)						
	Qualified for education expenses						
	Nonqualified						
	Note: The withdrawal will be sent to the Beneficiary's address on record.						
C	Withdrawal to a college or university only. A check will be sent to the school address you provide below. (The Beneficiary will be the tax responsible party who will receive the IRS Form 1099-Q.) You can also request an ACH payment to most colleges or universities by processing this withdrawal online. (A fee may be assessed for the ACH payment to a college or university.) Note: An Eligible Educational Institution includes any college, university, vocational school, or other post-secondary institute recognized by the Department of Education. Please visit https://studentaid.gov/fafsa-app/FSCsearch to determine if the school is an Eligible Educational Institution.						
	Eligible Educational Institution Name (School)						
	Department/Office/Contact Name (if applicable)						
	Mailing Address						
	City State Zip Code						
	Beneficiary's Student ID (Required)						
D	Indirect rollover. A check will be sent to you at your address of record. You must invest this withdrawal in another 529 plan within the next 60 days. (The Account Owner will be the tax responsible party who will receive the IRS Form 1099-Q.)						
	Important: If you do not invest this withdrawal in another 529 plan within 60 days, it will be considered a Nonqualified Withdrawal and may be subject to taxes and penalties.						

A	First-class mail. Check will be mailed via	USPS.	
В.	Expedited delivery. (Not available for no your Account.)	on-street addresses such as P.O. Boxes. A tr	ransaction charge will be applied to
C	By Automated Clearing House (ACH) to	bank account. (Already on file.)	
		ccount Owner or Qualified Withdrawal to the B tax responsible party of this withdrawal must l	
	Please confirm bank information on file:		
	Bank Name		Last four digits of Bank Account Number
_			
Amοι	unt of Withdrawal (Choose only on	e of the following.)	
Α.	Full Balance. Withdraw the entire amount	t held in all of the Investment Options in my Ac	ccount, discontinue my Recurring
	Contribution (if applicable), and close this A	ccount.	
В.	Partial Pro Rata Amount. Distribute this a	amount proportionately (pro rata) from among i	my current Investment Options.
			, таптотт при
	\$ Dollar Amount		,
	Dollar Amount	ount balance as of the previous business day, v	
	Dollar Amount	ount balance as of the previous business day, v	
c	Dollar Amount If the amount you indicate exceeds the Accordiscontinue your Recurring Contribution, and	d close your Account.	we will distribute the entire balance,
C	Dollar Amount If the amount you indicate exceeds the Accordiscontinue your Recurring Contribution, and		we will distribute the entire balance,
C	Dollar Amount If the amount you indicate exceeds the Accordiscontinue your Recurring Contribution, and Partial Fund Specific. Distribute from my If the amount you indicate for a particular In	d close your Account. current Investment Options as outlined below. nvestment Option exceeds its balance as of the	we will distribute the entire balance,
C	Dollar Amount If the amount you indicate exceeds the Accordiscontinue your Recurring Contribution, and Partial Fund Specific. Distribute from my	d close your Account. current Investment Options as outlined below. nvestment Option exceeds its balance as of the	we will distribute the entire balance,
C	Dollar Amount If the amount you indicate exceeds the Accordiscontinue your Recurring Contribution, and Partial Fund Specific. Distribute from my If the amount you indicate for a particular Indistribute the entire balance of that Investments.	d close your Account. current Investment Options as outlined below. nvestment Option exceeds its balance as of the nent Option. Dollar amount	we will distribute the entire balance, e previous business day, we will OR Total balance
C	Dollar Amount If the amount you indicate exceeds the Accordiscontinue your Recurring Contribution, and Partial Fund Specific. Distribute from my If the amount you indicate for a particular In	d close your Account. current Investment Options as outlined below. nvestment Option exceeds its balance as of the nent Option.	we will distribute the entire balance, e previous business day, we will OR Total balance
C	Dollar Amount If the amount you indicate exceeds the Accordiscontinue your Recurring Contribution, and Partial Fund Specific. Distribute from my If the amount you indicate for a particular Indistribute the entire balance of that Investments.	d close your Account. current Investment Options as outlined below. nvestment Option exceeds its balance as of the nent Option. Dollar amount	we will distribute the entire balance, e previous business day, we will OR Total balance
C	Dollar Amount If the amount you indicate exceeds the Accordiscontinue your Recurring Contribution, and Partial Fund Specific. Distribute from my If the amount you indicate for a particular Indistribute the entire balance of that Investments.	current Investment Options as outlined below. nvestment Option exceeds its balance as of the nent Option. Dollar amount (For partial amounts.)	we will distribute the entire balance, e previous business day, we will OR Total balance
C	Dollar Amount If the amount you indicate exceeds the Accordiscontinue your Recurring Contribution, and Partial Fund Specific. Distribute from my If the amount you indicate for a particular Indistribute the entire balance of that Investments.	current Investment Options as outlined below. nvestment Option exceeds its balance as of the nent Option. Dollar amount (For partial amounts.)	we will distribute the entire balance, e previous business day, we will OR Total balance
C	Dollar Amount If the amount you indicate exceeds the Accordiscontinue your Recurring Contribution, and Partial Fund Specific. Distribute from my If the amount you indicate for a particular Indistribute the entire balance of that Investments.	current Investment Options as outlined below. nvestment Option exceeds its balance as of the nent Option. Dollar amount (For partial amounts.)	we will distribute the entire balance, e previous business day, we will OR Total balance
C	Dollar Amount If the amount you indicate exceeds the Accordiscontinue your Recurring Contribution, and Partial Fund Specific. Distribute from my If the amount you indicate for a particular Indistribute the entire balance of that Investments.	current Investment Options as outlined below. nvestment Option exceeds its balance as of the nent Option. Dollar amount (For partial amounts.)	we will distribute the entire balance, e previous business day, we will OR Total balance
C	Dollar Amount If the amount you indicate exceeds the Accordiscontinue your Recurring Contribution, and Partial Fund Specific. Distribute from my If the amount you indicate for a particular Indistribute the entire balance of that Investments.	current Investment Options as outlined below. nvestment Option exceeds its balance as of the nent Option. Dollar amount (For partial amounts.)	we will distribute the entire balance, e previous business day, we will OR Total balance
C	Dollar Amount If the amount you indicate exceeds the Accordiscontinue your Recurring Contribution, and Partial Fund Specific. Distribute from my If the amount you indicate for a particular Indistribute the entire balance of that Investments.	current Investment Options as outlined below. nvestment Option exceeds its balance as of the nent Option. Dollar amount (For partial amounts.)	we will distribute the entire balance, e previous business day, we will

Important: If you contribute to your Account through payroll direct deposit, you must notify your employer to cancel these contributions.

6. Signature and Certification — YOU MUST SIGN BELOW

By signing this form, I authorize this withdrawal and understand and hereby certify that:

- The information in this form is accurate. As described in the Plan Disclosure Document, I agree to hold harmless the Trustee, the University, the Board, the Trust, and the Plan as well as T. Rowe Price Associates, Inc., and its parent, affiliates, agents, subcontractors, successors, and assignees for any losses arising out of any misrepresentations made by me or breach of acknowledgments contained in this form.
- If this withdrawal is for Qualified Expenses, I further certify that the requested withdrawal represents Qualified Expenses as defined
 in the Plan Disclosure Document. To the best of my knowledge, no other request has been previously submitted to this Plan, or to
 any other Qualified Tuition Program, for reimbursement or payment of this/these expenses by me or my Beneficiary. To the best of
 my knowledge, withdrawal for room and board expenses of the Beneficiary for the applicable academic year have not exceeded the
 limitations outlined in the Plan Disclosure Document.
- If this withdrawal is being sent by ACH to a bank account, I certify that the recipient of the withdrawal, as indicated in Section 3, is also an owner of the bank account.
- If I am participating in Recurring Contributions, my participation will be cancelled if I have requested a withdrawal of my entire
 Account balance (in all Investment Options) but it will continue if I have only requested a partial withdrawal from my Account unless
 an Account Features Form accompanies this form.
- If I am making contributions by payroll direct deposit, I understand my payroll contributions will continue into this Account, regardless of the withdrawal amount, unless I notify my employer to stop my payroll direct deposit.
- For Uniform Gifts to Minors and Uniform Transfers to Minors (UGMA/UTMA) Accounts, I certify that I am the Custodian of this Account and that this withdrawal is authorized under the Uniform Gifts to Minors Act (UGMA) or the Uniform Transfer to Minors Act (UTMA), as the case may be, and is necessary for the welfare of the Beneficiary.
- For entity Accounts, I certify I am authorized by the entity Account Owner identified in **Section 1** to act on its behalf in making this withdrawal and I have attached the appropriate documentation to substantiate authorization for this transaction.
- If I am requesting expedited delivery, I understand that an additional fee will be charged as described in the Plan Disclosure Document.
- I understand that state tax treatment may vary even if the withdrawal is considered qualified on the federal level and not taxed or penalized by the IRS.
- I understand that it is my responsibility to maintain accurate records as may be required by the IRS and/or any state taxing authority to substantiate this withdrawal for tax purposes.

I certify that I am the Account Owner, or I have the authority to act as the Account Owner. If I am requesting a full withdrawal of my entire Account balance, I request the cancellation of my *Participation Agreement* and the closure of my Account.

If this form requires a Medallion signature guarantee, do not sign below, proceed to Medallion signature guarantee section.

SIGNATURE	
Signature of Account Owner or Authorized Representative of Entity	Date (mm-dd-yyyy)

Medallion Signature Guarantee — REFER TO THE LIST BELOW FOR GUIDANCE ON WHEN A MEDALLION SIGNATURE GUARANTEE MAY BE REQUIRED.

- If a withdrawal request is \$100,000 or more, a Medallion signature guarantee must be provided.
- If this withdrawal request is being sent to a bank that has been recently added to your Account, a hold will be placed on the issuance
 of this withdrawal until 15 calendar days have passed. In order to waive this hold, a Medallion signature guarantee must be provided
 below.
- If the address on your Account has recently changed, a hold will be placed on the issuance of this withdrawal until 10 business days have passed. In order to waive this hold, a Medallion signature guarantee must be provided below.
- You may be required to provide proof of your authority to act on behalf of this Account to your bank or broker before a Medallion signature guarantee will be provided.
- You must provide the following information as underwritten certification that your signature is genuine.
- You can obtain a Medallion signature guarantee from an authorized officer of a bank, broker, or other qualified financial institution.

 A notary public cannot provide a Medallion signature guarantee, nor can you guarantee your own signature.
- Do not sign below until you are in the presence of the authorized officer providing the Medallion signature guarantee.

I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the T. Rowe Price College Savings Plan Disclosure Document.

SIGNATURE	Authorized Officer to place stamp here
Signature of Account Owner or Authorized Representative of Entity	Authorized officer to place stamp here
Signature Guarantor	
Title	
Name of Institution	
Date (mm-dd-yyyy)	